

308 278 HEALTH CARE SERVICES REVIEW – REQUEST FOR REVIEW AND RESPONSE

308.1 GENERAL INFORMATION

Introduction

This chapter contains information on processing electronic claims based on the 004010X094 version of the ASC X12N Health Care Services Review – Request for Review and Response (278) Implementation Guide and the Addenda (004010X094A1) dated October 2002. This document will identify information that is specific to conducting Electronic Data Interchange (EDI) with the Illinois Medical Assistance Program and other health care programs funded or administered by the Illinois Department of Healthcare and Family Services (HFS).

Questions, comments, or suggestions regarding this information should be directed to hfswebmaster@illinois.gov

Prior Approval Requests

Prior approval requests are currently submitted by phone, fax or mail. The 278 should be used to submit electronic prior approval requests to HFS for any service that is currently submitted on the DPA 2240 (Equipment Prior Approval Request) form and the DPA 1409 (Prior Approval Request) form, such as the following:

- Durable Medical Equipment and Supplies
- Expensive Drugs and/or Devices
- Gastric Bypass Surgery for Morbid Obesity
- Home Health Services
- Occupational, Speech and Physical Therapy
- Optical Services and/or supplies
- Podiatry Services

Providers must continue to follow the prior approval guidelines outlined in Chapter 100 General Policy and Procedures and the applicable Chapter 200 for each provider type.

Prior Approval Response

We will respond to the prior approval requests via the 278. Additionally, prior approval notification on paper will continue to be generated and then sent via U.S. mail.

Invalid prior approval requests will be rejected via the 278 Response and a provider must resubmit a new 278 request.

308.2 ATTACHMENT(S) INFORMATION

Attachments to a prior approval request are currently faxed or mailed. Loop 2000F will be used to identify the documentation that is attached and the type of transmission used. At this time we will not be accepting electronic attachments.

308.3 TECHNICAL INFORMATION

This section contains information relating to transmitting information to the Department. This section will identify, down to the data element level, anything unique to the Department in regards to the EDI transaction.

Transmission Information

The Department will continue to support its Recipient Eligibility Verification (REV) system. The REV system allows authorized Vendors a means to submit and receive electronic transactions, on behalf of Providers, for processing. The Department will also support a Medicaid Electronic Data Interchange (MEDI) system whereby authorized Providers and their agents can submit and receive electronic transactions via the Internet.

EDI Information

The Department has identified, down to the data element level, anything unique to our processing requirements in regards to the various EDI transactions. This document will identify only those things that the Department requires that are not clearly identified in the Implementation Guide.

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IG Page #	Loop	Description	Element ID	Element Name	Remarks
56	2010A	Utilization Management Organization (UMO) Name	NM102	Entity Type Qualifier	Must be "2".
56	2010A	Utilization Management Organization (UMO) Name	NM103	Name Last or Organization Name	Must be "ILLINOIS MEDICAID".
57	2010A	Utilization Management Organization (UMO) Name	NM108	Identification Code Qualifier	Must be "46"
57	2010A	Utilization Management Organization (UMO) Name	NM109	Identification Code	Must be "37-1320188".
61	2010B	Requester Name	NM108	Identification Code Qualifier	Must be "46".
62	2010B	Requester Name	NM109	Identification Code	Enter HFS Provider ID.
A45	2010CA	Subscriber Name	NM103	Name Last or Organization Name	Enter Recipient's Last Name as it is shown on the MediPlan Card, KidCare Card or SeniorCare Card.

IG Page #	Loop	Description	Element ID	Element Name	Remarks
A45	2010CA	Subscriber Name	NM104	Name First	Enter Recipient's First Name as It is shown on the MediPlan Card, KidCare Card or SeniorCare Card.
A45	2010CA	Subscriber Name	NM108	Identification Code Qualifier	Must be "MI".
A46	2010CA	Subscriber Name	NM109	Identification Code	Must be the Recipient's 9-digit number as it is shown on the MediPlan Card, KidCare Card or SeniorCare Card.
141	2000F	Health Care Services Review Information	UM01	Request Category Code	Must be "HS".
A68	2000F	Procedures	H101-1	Code List Qualifier Code	Must be "BO".
A69	2000F	Procedures	H101-5	Monetary Amount	Enter charge amount.

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IG Page #	Loop	Description	Element ID	Element Name	Remarks
223	2000A	Request Validation	AAA01	Yes/No Condition or Response Code	Will generate “N” if the batch transaction has been rejected.
224	2000A	Request Validation	AAA04	Follow-Up Action Code	Will generate “C”.
236	2010B	Requester Name	NM101	Entity Identifier Code	Will generate “1P” .
237	2010B	Requester Name	NM102	Entity Type Qualifier	Will generate “2” .
237	2010B	Requester Name	NM108	Identification Code Qualifier	Will generate “46”.
241	2010B	Requester Request Validation	AAA01	Yes/No Condition or Response Code	Will generate “N” if the request has been rejected.
242	2010B	Requester Request Validation	AAA04	Follow-Up Action Code	Will generate “C”.
247	2000C	Subscriber Request Validation	AAA01	Yes/No Condition or Response Code	Will generate “N” if the request has been rejected.
248	2000C	Subscriber Request Validation	AAA04	Follow-Up Action Code	Will generate “C”.
A130	2010CA	Subscriber Name	NM103	Name Last or Organization Name	Will generate Recipient’s Last Name.
A130	2010CA	Subscriber Name	NM104	Name First	Will generate Recipient’s First Name.

IG Page #	Loop	Description	Element ID	Element Name	Remarks
A130	2010CA	Subscriber Name	NM108	Identification Code Qualifier	Will generate “MI”.
A130	2010CA	Subscriber Name	NM109	Identification Code	Will generate Recipient’s 9-digit number.
A134	2010CA	Subscriber Request Validation	AAA04	Follow-Up Action Code	Will generate “C”.
A139	2010CB	Additional Patient Information Contact Name	NM101	Entity Identifier Code	Will generate “X3” .
A139	2010CB	Additional Patient Information Contact Name	NM102	Entity Type Qualifier	Will generate “2”.
A139	2010CB	Additional Patient Information Contact Name	NM103	Name Last or Organization Name	Will generate “Bureau of Comprehensive Health Services”.
A140	2010CB	Additional Patient Information Contact Name	NM108	Identification Code Qualifier	Will generate “PI”.
A142	2010CB	Additional Patient Information Contact Address	N301	Address Information	Will generate P.O. Box 19124.

IG Page #	Loop	Description	Element ID	Element Name	Remarks
A143	2010CB	Additional Patient Information Contact City/State/Zip	N401	City Name	Will generate Springfield.
A144	2010CB	Additional Patient Information Contact City/State/Zip	N402	State or Province Code	Will generate IL.
A144	2010CB	Additional Patient Information Contact City/State/Zip	N403	Postal Code	Will generate 62794-9124.
A146	2010CB	Additional Patient Information Contact Information	PER03	Communication Number Qualifier	Will generate FX.
A146	2010CB	Additional Patient Information Contact Information	PER04	Communication Number	Will generate (217) 524-0009.
304	2010E	Service Provider Name	NM102	Entity Type Qualifier	Will generate “2”.
304	2010E	Service Provider Name	NM103	Name Last or Organization Name	Will generate the provider’s name.

IG Page #	Loop	Description	Element ID	Element Name	Remarks
305	2010E	Service Provider Name	NM108	Identification Code Qualifier	Will generate “46”.
305	2010E	Service Provider Name	NM109	Identification Code	Will generate provider number.
315	2010E	Service Provider Request Validation	AAA04	Follow-Up Action Code	Will generate “C”.
324	2000F	Service Request Validation	AAA04	Follow-Up Action Code	Will generate “C”.
A192	2000F	Health Care Services Review	HCR01	Action Code	Will generate “A1, A3, A4 and A6”.
A192	2000F	HealthCare Services Review	HCR02	Reference Identification	Will generate assigned Prior Approval Number.
335	2000F	Service Date	DTP01	Date/Time Qualifier	Will generate “472” for home health and therapy priors approvals.
336	2000F	Service Date	DTP02	Date Time Period Format Qualifier	Will generate “RD8”.
A195	2000F	Procedures	H101-1	Code List Qualifier Code	Will generate “BO”.
A196	2000F	Procedures	H101-3	Date Time Period Format Qualifier	Will generate “RD8”.

IG Page #	Loop	Description	Element ID	Element Name	Remarks
A196	2000F	Procedures	H101-5	Monetary Amount	Will generate Dept. rate.
A196	2000F	Procedures	H101-6	Quantity	Will generate quantity approved.